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# FOREIGN DEPARTMENT

IN CHARGE OF  
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## WHO ARE REPRESENTATIVE?

AFTER the International Congress in London five years ago, at which time I had the opportunity of observing the different ideas of nursing parties in England, I wrote a short article which is now included in a small pamphlet in which were considered the *ideas*, the *principles*, held by the different nursing sections from the point of view of what we consider in America our normal view-point. The cry, "not representative," had been raised in England, and I wanted to find out exactly what was meant by "representative."

Now, after the meeting of the Berlin Congress, one may again hear this criticism, "not representative," and it seems to me very important that American nurses, if they hear these words, should be able to meet them with full understanding, especially as we are, as I hope, on the verge of forming definite international relations with nurses of other countries, to which the London Congress, our Buffalo Congress, and this last meeting in Berlin have been preliminary.

Before we allow ourselves to be bluffed by this phrase, "not representative," let us understand exactly what "representative" signifies, and I think we may arrive at a practical definition (for all terms are but relative) by putting the following questions:

First, What do American nurses represent?

Second, If they form international relations, what will be their motive in doing so?

The answers to these question ought to show who are representative people *from our stand-point*; naturally, not from everybody's stand-point, but from ours; and we cannot live our lives by adopting everybody's point-of-view, but by selecting our own.

Naturally, on questions of nursing pure and simple there are no controversies. We will be at one the world over about the skilled and tender care needed by the patient; we need not quarrel over the treatment of bed-sores; we can agree about baths. There is another and far more fundamental question disturbing the peace of hospitals and nursing establishments, and that is, "What are the conditions that will most fully prepare the woman for her work as a nurse?" This is the question that is splitting the nursing centres of the Old World, and we say, "Freedom to develop," and the long-established autocrats of the Old World say "Complete and life-long abnegation of self and submission to authority."

In every European country this idea that the nurse must and can be only a bond-servant is found. In Central Europe it is in full force. In Germany there is a strong revolt against it, and it is there practically a doomed doctrine, though still with much fight left in it. In Italy and France, as we know, the religious compulsion has been added, making a double bondage, and now in those countries

too reforms have begun, and the modern nurse, free, educated, and untrammelled, is beginning to make her way. In England, where women are generally so splendidly free and progressive, there are still some traces of mediævalism left in nursing conditions—left-overs from Continental methods, which a strong and fine body of fearless and progressive nurses are busy trying to sweep away.

Now as to our place: Is it not true that American nurses represent the principle of personal freedom to a far greater extent than those of the Old World? And is it not true that to this freedom they owe the varied opportunities for work which are theirs in greater abundance than nurses of the Old World enjoy?

For American nurses to assume the entire direction of their professional affairs does not even excite surprise, but those of Europe who have first assumed the same right have met bitter opposition, even persecution.

Thanks to this admitted principle, our training-school superintendents are able in a few years to effect changes which European matrons are powerless to bring about. They have brought down the hours of work to eight and ten, while Continental matrons deplore the impossibility of reducing them below fifteen and eighteen. They have introduced changes into the curricula of work and study which abroad would almost require a social revolution.

Because our nurses are free, they are able to develop in many ways, and to pioneer new lines of work, as would be impossible if they were bondwomen. They are not held down to passive obedience alone, but are allowed to do creative work. In few other countries could Miss Wald have built up such a work as that of the Nurses' Settlement in New York, where, without Board of Managers, by simple coöperation with the group of workers, both professional and lay, that she has called about her, she has developed not only a complete district nursing service, but also a social settlement of unusual civic spirit and effectiveness. And in the work of the Nurses' Settlement in Richmond, in the many evidences of free initiative given by our nurses' associations in the warfare against tuberculosis, in the extension of hourly nursing, in the affiliation with women's clubs for civic work, and in our beginnings of legislation, we have ample evidence that, thanks to our freedom, we are in a most advantageous position for making ourselves not only better nurses, but useful citizens as well—not handmaidens only, as we are often called, but with the right to use our heads too.

Now to our second question: With what motive do we form international relations?

Is it not to seek out those who have ideas and aims similar to our own—who are doing the same work and believe in the same things? We surely do not go just for the good times, but to further the works and causes that we believe to be right and just, both by helping others and having them help us.

If we think this, we have a ready and satisfactory reply to the criticism, "not representative." The people with whom we can work and who will work with us are representative for our purposes, and those are, in Great Britain, the Matrons' Council and the independents and the rapidly arising self-governed leagues and societies, and in Germany they are Sister Karll and the members of the German Nurses' Association, who have broken away from the antiquated compulsion of Sisterhood and Red Cross ownership of nurses, and who are striving for the right of the nurse to own herself and her earnings—agitating for a more thorough and more uniform training for the pupil nurse, and who are petitioning the government for legal status.

It must be frankly admitted that of the great London hospitals—nine in

all, if I recollect rightly—*only one*, St. Bartholomew's, is willing to recognize us. Only Miss Isla Stewart, of all the London matrons, is willing to affiliate with us. St. Thomas's Hospital, where Miss Nightingale established the first training-school, and which we might say was the mother of us all, stands aloof and regards us and our ways with cold disapproval. Miss Nightingale herself disapproves of State registration, holding that nurses should remain in the control of their training-schools. In Germany, similarly, the great nursing institutions of Berlin and Hamburg will have nothing to do with us, and Kaiserswerth, our grandmother, so to speak, which we all revere, would simply not believe it possible that women emancipated from their hospital authorities could be good nurses.

All this is most regrettable, for in these historic hospitals are women whom we would be glad and proud to know. And, perhaps, they might accept us individually, but we could not get far with them, for they are not in sympathy with much that we are doing in our organizations.

The London matrons, with the sole exception of Miss Isla Stewart, are opposed to State examination and registration. We are working for it. The German matrons consider it degrading for a nurse to work for money. She should appear to work gratuitously, and the money should go to the mother-house, which will care for her in old age. That is to us impossible. So, it would appear, there are many circles where we may not enter, and these words, "not representative," become meaningless.

Two countries there are where nurses have progressed even farther in freedom than we, because all women have, and these are Australia and New Zealand. So far these nurses have not seemed to realize how much they could help the new movement in old countries by their example and by their encouragement, but it will certainly come to them before long. Meantime, let us do all we can to help reforms wherever we can, without bothering ourselves as to whether anyone, ourselves included, is representative or not.

L. L. D.

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#### HEARINGS BEFORE THE SELECT COMMITTEE OF THE HOUSE OF COMMONS

A RARE privilege has been that of attending three of the hearings on the nursing question before the select committee of the House of Commons. Readers of the JOURNAL will remember that on the urgent appeal of the Society for Registration the Premier last May appointed a committee to inquire into nursing conditions and to report upon the desirability of registration. The committee began its sittings promptly, and up to the present time has heard the evidence of eight witnesses, Dr. Bedford Fenwick, Miss Isla Stewart, Miss Huxley, Miss Hobbes (secretary of the R. B. N. A.), Mr. Walshe (a male nurse and head of a large directory for men nurses), and Miss Amy Hughes, in favor of State examination, and Mr. Sydney Holland and Dr. Norman Moore against it.

The hearings are on the lines of those we have had from State legislative committees. Anyone desiring to give evidence may send his or her name to the chairman, who notifies them of the day on which to appear. The sittings last for two hours, and one witness is sometimes in the chair for all of that time, so it may be imagined the occasion is serious.

The meetings are held—only imagine it!—in the House of Parliament. Who would ever have thought to see a flock of nurses entering that gloriously beautiful pile, under the towers and turrets and arches, and to meet the words "Nurses' Registration" on a card on the committee-room door? That of itself

is a sign of big changes in the times, as important a sign as was the reception of equality-demanding women by the city officers in the stately Rathaus of Berlin.

These hearings have been so portentous, the surroundings so impressive, and the stir and excitement in the nursing and hospital world so great, that one could write pages about them if only space permitted. For the present, the most complete report is that of the *British Journal of Nursing*, and eventually the whole will appear in a "Blue Book." The hearings have now ceased with the vacation, but will be resumed next February.

The "pros" have given excellent evidence, full of facts drawn from life. I heard Mr. Walshe, Miss Hobbes, and Miss Hughes. The latter was especially firm under cross-examination (which, I may remark in passing, is enough to make one's hair rise).

The "antis" seemed to me to have a very weak position and to know that they have.

Mr. Sydney Holland, the chairman of the London Hospital, is the standard-bearer of the opposition. I heard him on a recall, and thought his manner and voice dispirited and half-hearted. He is most kind and excellent, and wrapped up in the London Hospital, yet his ideas are most erroneous. He evoked smiles by saying that nursing examinations were so childishly easy that it was ridiculous to think any woman could not pass one. He has conjured up a bogey of colossal size called "moral qualities and fitness cannot be registered," and totally ignores the contention that an educational basis could be protected against imposture. He would have no protection for the nurse and no standard for the public except the training-school.

Dr. Norman Moore was a more cheerful witness, his ideas so antiquated as to be positively laughable. He sees no necessity for protecting certain educational standards; holds that the door to nursing cannot be too wide open; would not require much general education; does not approve of a minimum training for all nurses; thinks six months enough to train for usefulness with the poor in the country (but not enough for his own); fears that nurses may become an inferior order of independent practitioners if registered; holds that no mistake will ever be made if the public would in all cases leave the choice of the nurse to the medical man; would have no standard or protection except the judgment of the medical man.

The committee, on the whole, ask intelligent questions, though they sometimes wander and get lost, and several seem to have their own axes to grind. They are very serious over it, and take it all earnestly. The chairman is admirable. His questions are penetrating, his manner quiet and reassuring.

It would be worth a trip across the water to come and hear the final inquiries.



A NEW AND SIMPLE METHOD FOR OBTAINING THE SPUTUM IN CHILDREN.—Leonard Findlay describes in the *Archives of Pediatrics* this method of obtaining the sputum in children: With a piece of gauze on the forefinger, the pharynx, and especially the epiglottis, is irritated so as to induce coughing, and any expectoration that is coughed up is swept out of the mouth with the finger before it has time to be swallowed. The quantity obtained varies. Several attempts may be necessary.